

Utah State Hospital

Exposure Control Plan

Occupational Exposure to Blood borne Pathogens

Exposure Incident - Refers to a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that occurs while performing an employee's duties.

Other Potentially Infectious Material (OPIM) - refers to other body fluids such as semen, vaginal /cervical secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures and any body fluid that is visibly contaminated with blood.

Parenteral - refers to piercing the skin or mucous membranes through actions like needle sticks, human bites, scratches and abrasions.

Standard Precautions - This is a practice where all body fluids from all people are considered contaminated and are to be treated as if infected with a bloodborne pathogen.

Bloodborne Pathogen - Microorganisms that induce diseases that are carried in the blood stream or other body fluids.

Exposure Control Plan - A program designed to eliminate or minimize employee exposure to bloodborne diseases.

Tasks or procedures in which occupational exposure may occur.

1. Administering medications - PO. , SQ., IM., IV., ID
2. Venipunctures
3. Lab procedures
4. Wound care
5. Suturing
6. Physical contact with agitated patients
7. Linen care/ changing
8. Dental procedures
9. Cleaning
10. Podiatry procedures
11. Physical exams (pelvics)
12. Feeding patients
13. Toileting patients
14. Showering Patients
15. Oral care
16. Catheter care
17. Handling lab specimens
18. Emergency lifesaving procedures
19. Any other task or procedure that may involve body fluids.
20. Grooming / Shaving / Hair care

Category 1 - Job tasks that routinely involve exposure

Category 2 - Job tasks do not routinely involve exposure but as a condition of employment exposure could occur.

A. Methods of Compliance

1. Standard Precautions

Standard Precautions are followed for all patient contact for the length of their hospitalization. This includes but is not limited to the use of gloves, good hand washing techniques and or use of alcohol based hand cleaners and wearing of PPE (personal protective equipment) whenever exposure to blood or OPIM is possible.

2. Work Practice Controls

Engineering and work practice controls that include the use of syringes with a built in safety needle device, needless IV systems, location and use of sharps containers, use of PPE, wearing of gloves, and elimination of spraying or splashing of blood or OPIM while performing patient care procedures will help to eliminate exposure to bloodborne pathogens.

3. Medical Product Review Committee

The Medical Product Review Committee that includes staff that work directly with the product under review will evaluate the type of engineering controls used on a periodic basis. This committee will meet on an as needed basis when newer products are available or as staff request a change of equipment.

4. Hand Washing

Hand washing occurs as soon as possible after gloves are removed and at other times as specified in the Infection Control Manual (chapter 3,section 8). Facilities for hand washing are available on each pt. care area. The use of Alcohol based hand cleaners is also permitted if hands are not visibly soiled.

Eating, drinking, applying cosmetics or lip balm and handling of contact lenses is prohibited in areas where there is a potential for exposure to bloodborne pathogens.

If employees incur an exposure to skin or mucous membranes the area is washed with soap and water or flushed with water as soon as possible.

1. Contaminated Needle Procedure

The Utah State Hospital uses safety syringes with a built in needle protective device. The proper use of this device is demonstrated to all newly hired nurses during the New Employee Orientation.

The proper use of the diabetic lancet with retracted needle is also reviewed with all nurses upon employment.

Contaminated needles are not recapped, bent, removed, or purposely broken. All contaminated needles or other sharps are disposed of in the "sharps container" which is a designated color made of impervious material and must be sealed when 3/4 full.

If a needle must be recapped as during dental procedures a one handed scoop method will be used.

The sealed "sharps container" is placed in the hazardous waste containers.

2. Specimen Collection

The Utah Valley Regional Medical Center laboratory provides services for this facility. The phlebotomists are employees of that hospital and follow their work

practice guidelines.

Specimens collected by the Utah State Hospital staff usually consist of urine, feces, and throat / wound cultures. These specimens are stored in a container that prevents leakage and is color coded and marked with a label indicating handling must be done in a manner consistent with safe work practices.

1. PPE Provision

PPE must not permit blood or other potentially infectious material to pass through to the person's skin, clothing, eyes, mouth, or to the mucous membranes under normal working conditions.

The PPE is stored on each patient care unit in a closet or locker that is designated with the sign OSHA.

A list of contents is posted on the door to the area. Contents list - gloves, face shields, long gowns, short gowns, hair covers, beard covers, shoe covers, goggles w/enclosed sides, filter masks, aprons, eye wash, spill kits, and one way valve masks.

PPE is provided to the employee at no charge and is to be removed prior to leaving the work area or if covered with blood as soon as possible.

If an employee's personal clothing becomes contaminated with blood or OPIM the hospital does have a change of clothing for that employee. The employee's personal clothing then are laundered at this facility.

2. PPE Use

Disposable gloves must be worn when it can be reasonably anticipated that the employee may have hand contact with blood or OPIM. Gloves are to be removed as soon as possible after use or if the integrity of the glove has been compromised. Non latex and / or powder free gloves are available for employees that must use this type of PPE.

Masks, eye protection, and face shields are used when it can be anticipated that there will be spraying, splashing or spitting of blood or OPIM and these areas could become contaminated with this product.

Gowns are used when there is gross contamination with blood or OPIM and direct contact with the material is expected. This includes room cleaning if a large amount of blood is evident or caring for a patient who has a wound that is bleeding freely. Shoe covers may also be useful at this time.

Staff uses whatever PPE they feel is necessary in a particular situation for their protection from bloodborne pathogens.

1. Clean -Up

Clean up of blood or OPIM is to be initiated by the staff that is present when the contamination occurs.

Gloves or other PPE must be worn during the clean up process. The spill must be absorbed with dry paper towels that are disposed of in a contaminated waste container. Then spray the area with A- 33 till thoroughly wet and this must remain on the surface for ten minutes. Then wipe off the area with a dry paper towel and rinse with cool water.

Broken glassware that may be contaminated is cleaned up by use of a mechanical device, forceps, brush and dustpan, never with your bare hands. The pieces are then disposed of in a "sharps container"

2. Laundry

An outside provider performs the cleaning and processing of contaminated laundry. This provider practices standard precautions for all laundry.

All used linen from patient care units is considered contaminated and is handled by wearing gloves and not allowing the linens to come in contact with personal clothing. Linens are placed in the laundry hamper and the top is closed when full and the linens are not handled again till after the cleaning process.

Infectious waste is designated as such by placement in a color coded bag or a color specific container and placed in the Infectious Waste container buildings.

These buildings have large plastic barrels with a thick red infectious waste bag inside the barrel and the color coded smaller containers are placed in the larger liners. These buildings have the biohazard designation on all visible sides.

The barrels are checked twice a week by designated hospital staff and if necessary the contents are transported to the holding room for the contracted waste Management Company to pick up every thirty days.

All employees that have potential exposure to blood or OPIM will be offered the Hepatitis B vaccine during New Employee Orientation. This is offered at no cost to the employee.

If an employee declines the vaccine initially and signs the declination form they may at any time receive the vaccine by signing a permission form.

The employee health nurse monitors this service and administers the vaccine and verifies that the proper forms are present in the employee health file.

After completion of the Hepatitis B vaccine series a Hepatitis BsAB is done for verification of immunity.

When an exposure incident occurs the employee involved informs their supervisor at that time and completes an incident report that is forwarded to the Human Resource dept. and the Employee Health Nurse.

At the time of the incident the affected area is washed with warm soap and water and if mucous membrane is affected that area is flushed with water.

The employee and supervisor can refer to the Utah State Hospital Employee Bloodborne Pathogen Exposure - Employee/ Supervisor Packet for further direction.

Training of staff in these practices will occur at new employee orientation prior to placement in their work area. The area supervisor provides more specific training to their particular duties and safety measures or a person designated by the supervisor to provide this training.

Yearly training about bloodborne diseases, transmission, symptomology, work related risky procedures, prevention methods, and post exposure treatment is provided.

Employee health records are confidential and can not be released without the written consent of the employee.

Training records are entered for each employee on the hospital's staff management system. The person providing the training can only modify the training records.

Training records are maintained for a minimum of three years.

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1. You have had an occupational exposure to blood or other potentially infectious material and the area needs to be washed with warm soap and water at this time.
 2. Inform your supervisor of the incident and, if after hours, the nursing shift supervisor (SSRN).
 3. Complete the employee incident report and have the supervisor on the shift sign the report.
 4. You should be seen ASAP by an outside provider either a private provider or urgent care provider and inform them that this is an occupational exposure.
 5. Baseline lab tests need to be drawn on you now and at designated intervals. (attached form)
 6. If the Hepatitis B, C and HIV status of the source is known that information is provided to the medical services provider in a confidential manner. Post exposure treatment is provided by the outside provider.
 7. The cost of this care is paid for by the Utah Worker's Compensation Fund.
 8. Post exposure counseling should occur and can be provided by either the outside medical provider or by the Employee Health Nurse (Joyce Foster RN)at your request.
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1. One of your employees had some form of occupational exposure to blood or other potentially infectious material.
 2. Have them wash the area well with warm soap and water or flush the wound if washing is not feasible (ie. body fluid splashed into employee eye).
 3. Ascertain if the source of the exposure is known and then check that individual's E- Chart in the lab/x-ray section for status of blood borne diseases.
 4. If the source is a known + HIV or unknown HIV status but life style is suspicious for high risk behaviors, have the employee seen immediately(within 2 hours) by a physician at UVRMC for consideration of post exposure treatment.
 5. Call the UVRMC emergency room triage nurse and inform them that you are sending an employee that has had an exposure to a known + HIV or highly likely + HIV and they must be evaluated for PEP(post exposure prophylaxis) immediately.
 6. If the source person is neg. for bloodborne diseases no further treatment is necessary.

7. If the source is + for Hep B or Hep C send the employee to UVRMC lab for baseline testing with the attached lab request form completed.
8. The incident should be recorded on an employee incident report form and sent to the area supervisor.
9. If after hours, contact the nursing shift supervisor (SSRN) and inform them of the incident. If the source is + HIV tell the supervisor that the employee has been sent for immediate treatment.
10. Any medical follow up will be provided by an outside provider
11. On the employee lab request form complete all employee demographic information. Check the labs ordered as Hepatitis B surface Ab, Hepatitis B surface Ag, Hepatitis C Ab, and only if the employee agrees mark the HIV1-2Ab area. The employee needs to be told that the results come back to the Employee Health Nurse and they will be contacted about the results. The physician is Dr. Aste and sign yourself as the transcription person.
12. If the employee is unsure about the HIV test mark the Hold blood for 90 days area and UVRMC will keep that blood for 90 days to see if the employee changes their mind about wanting an HIV test. If nothing is marked in that area the lab will not hold the blood.

Examples of Exposure Incidents

The possibility of a body fluid from one person coming in contact with the body fluid of another person is an exposure incident.

An occupational exposure incident is any episode where the blood or other body fluids of a patient comes in contact with the non-intact skin, mucous membranes or parentally of the employee while performing his/her work duties.

Examples:

1. Needle sticks
2. Cuts to employee from equipment used by patients that could be contaminated with blood or other body fluids.(razors, scissors, sewing needles)
3. Saliva from a patient that comes in contact with mucous membrane of the employee.(spit from a pt. into the eye of another, open mouth, or an area of skin abrasion)
4. Bites
5. Scratches (only if body fluids were present)
6. Abrasions (only if body fluids were present)
7. Open skin wound on the staff that came in contact with body fluids of another person.

Each episode must be evaluated on an individual basis.

When you are evaluating an incident the following information must be reviewed.

1. Bloodborne disease status of the source.
2. Hepatitis B vaccination and antibody status of the employee.
3. The exact circumstance of the incident

If an incident is unclear as to whether or not it is to be considered as an exposure

episode then a second opinion is to be obtained from one of the following staff.

1. Employee Health Nurse (Joyce Foster RN ext. 44631)
2. Unit Nursing Director
3. Nursing Administration (ext. 44220 / 44258)
4. SSRN (ext. 44262 / 44253)
5. PEP Hotline - Post exposure Prophylaxis (1-888-448-4911)

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